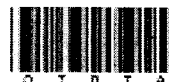


Police Crash Report



FR300P (Rev 1/12)

Revised Report

Page 1 of 4

CRASH

Crash Date 10/26/2017 Day of Week Thursday MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY
 City of Town of City or Town Name Landmarks at Scene 172995103
 Location of Crash (route/street) Railroad Crossing ID no. (if within 150 ft.) Local Case Number
 OLD DOMINION DR 2017-10260040

At Intersection With or 150. Miles Feet N S E W Location of Crash (route/street) Mile Marker Number Number of Vehicles
 of N WAKEFIELD ST 2

VEHICLE # 1

DRIVER

Driver's Name (Last, First, Middle)
 BERNHARDT, DAVID, LONGLY

Address (Street and Number)
 3113 JOHN MARSHAL DR

City
 ARLINGTON

Birth Date 08/17/1969 Drivers License Number B24665634

Safety Equip. Used 3 Air Bag Ejected Date of Death 2 1

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle)
 BERNHARDT, DAVID, LONGLY

Address (Street and Number)
 3113 JOHN MARSHAL DR

City
 ARLINGTON

Vehicle Year 2017 Vehicle Make JEEP Vehicle Model WRANGLER Disabled CMV Towed

Vehicle Plate Number VUL8650 State VA Approximate Repair Cost 3000

VIN 1C4GJWBG3HL637547 Oversize Cargo Spill

Name of Insurance Company (not agent) Override Underride

TRAVELERS

Speed Before Crash 35 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count Over 21 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Codes

8
 1 2 3
 8 4 5 6 8
 7
 8

POSITION IN/ON VEHICLE

1. Driver
 2-6. Passengers
 7. Cargo Area
 8. Riding/Hanging On Outside
 9-98. All Other Passengers

SAFETY EQUIPMENT USED

1. Lap Belt Only
 2. Shoulder Belt Only
 3. Lap and Shoulder Belt
 4. Child Restraint
 5. Helmet
 6. Other
 7. Booster Seat
 8. No Restraint Used
 9. Not Applicable

AIRBAG

1. Deployed - Front
 2. Not Deployed
 3. Unavailable/Not Applicable
 4. Keyed Off
 5. Unknown
 6. Deployed - Side
 7. Deployed - Other (Knee, Air Belt, etc.)
 8. Deployed - Combination

EJECTED FROM VEHICLE

1. Not Ejected
 2. Partially Ejected
 3. Totally Ejected

SUMMONS ISSUED AS A RESULT OF CRASH

1. Yes
 2. No
 3. Pending

INJURY TYPE

1. Dead
 2. Serious Injury
 3. Minor/Possible Injury
 4. No Apparent Injury
 6. No Injury (driver only)

VEHICLE # 2

DRIVER

Driver's Name (Last, First, Middle)
 PENA, ROBERT, JOSEPH

Address (Street and Number)
 2118 N HUNTINGTON ST

City
 ARLINGTON

Birth Date 09/21/1964 Drivers License Number A62474053

Safety Equip. Used 3 Air Bag Ejected Date of Death 2 1

Summons Issued As Result of Crash 2 Offenses Charged to Driver

VEHICLE

Vehicle Owner's Name (Last, First, Middle)
 PENA, ROBERT, JOSEPH

Address (Street and Number)
 2118 N HUNTINGTON ST

City
 ARLINGTON

Vehicle Year 2010 Vehicle Make BMW Vehicle Model 3-SERIES Disabled CMV Towed

Vehicle Plate Number RJPNIP State VA Approximate Repair Cost 2500

VIN WBAPH7G55ANM48057 Oversize Cargo Spill

Name of Insurance Company (not agent) Override Underride

GEICO

Speed Before Crash 30 Speed Limit 35 Maximum Safe Speed 35 Under 8 0 ALL Passengers Age Count Over 21 0

PASSENGER (only if injured or killed)

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Name of Injured (Last, First, Middle) EMS Transport Date of Death

Position In/On Vehicle Safety Equip Used Airbag Ejected Injury Type Birthdate Gender

Investigating Officer

K AMES

Badge/Code Number

1613

Agency/Department Name and Code

ACPD

Reviewing Officer

David Clenace

Report File Date

10/26/2017



Revised Report

Police Crash Report

Page 2 of 4

CRASH

Crash Date 10/26/2017	MILITARY Time (24 hr clock) 06:21	County of Crash ARLINGTON COUNTY	City of Town of	Local Case Number 2017-10260040
--------------------------	--------------------------------------	-------------------------------------	--------------------	------------------------------------

DRIVER INFORMATION

Veh 1	Veh 2		Veh 1	Veh 2	
		Driver's Action P1			Driver Vision Obscured P3
✓		1. No Improper Action	✓	✓	1. Not Obscured
		2. Exceeded Speed Limit			2. Rain, Snow, etc. on Windshield
		3. Exceeded Safe Speed But Not Speed Limit			3. Windshield Otherwise Obscured
		4. Overtaking On Hill			4. Vision Obscured by Load on Vehicle
		5. Overtaking On Curve			5. Trees, Crops, etc.
		6. Overtaking at Intersection			6. Building
		7. Improper Passing of School Bus			7. Embankment
		8. Cutting In			8. Sign or Signboard
		9. Other Improper Passing			9. Hillcrest
		10. Wrong Side of Road – Not Overtaking			10. Parked Vehicle(s)
		11. Did Not Have Right-of-Way			11. Moving Vehicle(s)
		12. Following Too Close			12. Sun or Headlight Glare
		13. Fail to Signal or Improper Signal			13. Other
		14. Improper Turn – Wide Right Turn			14. Blind Spot
		15. Improper Turn – Cut Corner on Left Turn			15. Smoke/Dust
		16. Improper Turn From Wrong Lane			16. Stopped Vehicle(s)
		17. Other Improper Turn			
		18. Improper Backing			
		19. Improper Start From Parked Position			
		20. Disregarded Officer or Flagger			
		21. Disregarded Traffic Signal			
		22. Disregarded Stop or Yield Sign			
		23. Driver Distraction			
		24. Fail to Stop at Through High way – No Sign			
		25. Drive Through Work Zone			
		26. Fail to Set Out Flares or Flags			
		27. Fail to Dim Headlights			
		28. Driving Without Lights			
		29. Improper Parking Location			
		30. Avoiding Pedestrian			
		31. Avoiding Other Vehicle			
		32. Avoiding Animal			
		33. Crowded Off Highway			
		34. Hit and Run			
		35. Car Ran Away – No Driver			
		36. Blinded by Headlights			
		37. Other			
		38. Avoiding Object in Roadway			
		39. Eluding Police			
✓		40. Fail to Maintain Proper Control			
		41. Improper Passing			
		42. Improper or Unsafe Lane Change			
		43. Over Correction			
		Condition of Driver P2 Contributing to the Crash			Type of Driver Distractions P4
✓		1. No Defects			1. Looking at Roadside Incident
		2. Eyesight Defective			2. Driver Fatigue
		3. Hearing Defective			3. Looking at Scenery
		4. Other Body Defects			4. Passenger(s)
		5. Illness			5. Radio/CD, etc.
		6. Fatigued			6. CellPhone
		7. Apparently Asleep			7. Eyes Not on Road
✓		8. Other			8. Daydreaming
		9. Unknown			9. Eating/Drinking
					10. Adjusting Vehicle Controls
					11. Other
					12. Navigation Device
					13. Texting
					14. No Driver Distraction
					Drinking P5
					1. Had Not Been Drinking
					2. Drinking – Obviously Drunk
					3. Drinking – Ability Im paired
					4. Drinking – Ability Not Impaired
					5. Drinking – Not Known Whether Impaired
					6. Unknown
					Method of Alcohol P6 Determination (by police)
					1. Blood
					2. Breath
					3. Refused
					4. No Test
					Drug Use P7
					1. Yes
					2. No
					3. Unknown

VEHICLE INFORMATION

Veh 1	Veh 2		Veh 1	Veh 2	
		Vehicle Maneuver V1			Vehicle Damage V4
✓	✓	1. Going Straight Ahead			1. Unknown
		2. Making Right Turn			2. No damage
		3. Making Left Turn			3. Overturned
		4. Making U-Turn			4. Motor
		5. Slowing or Stopping			5. Undercarriage
		6. Merging Into Traffic Lane			6. Totaled
		7. Starting From Parked Position			7. Fire
		8. Stopped in Traffic Lane	✓	✓	8. Other
		9. Ran Off Road – Right			
		10. Ran Off Road – Left			
		11. Parked			
		12. Backing			
		13. Passing			
		14. Changing Lanes			
		15. Other			
		16. Entering Street From Parking Lot			
		Skidding Tire/Mark V2			Vehicle Condition V5
✓	✓	1. Before Application of Brakes	✓	✓	1. No Defects
		2. After Application of Brakes			2. Lights Defective
		3. Before and After Application of Brakes			3. Brakes Defective
		4. No Visible Skid Mark/Tire Mark			4. Steering Defective
					5. Puncture/Blowout
					6. Worn or Slick Tires
					7. Motor Trouble
					8. Chains In Use
					9. Other
					10. Vehicle Altered
					11. Mirrors Defective
					12. Power Train Defective
					13. Suspension Defective
					14. Windows/Windshield Defective
					15. Wipers Defective
					16. Wheels Defective
					17. Exhaust System
		Vehicle Body Type V3			Special Function V6 Motor Vehicle
✓		1. Passenger car	✓	✓	1. No Special Function
		2. Truck – Pick-up/Passenger Truck			2. Taxi
		3. Van			3. School Bus (Public or Private)
		4. Truck – Single Unit Truck (2-Axles)			4. Transit Bus
		5. Motor Home, Recreational Vehicle			5. Intercity Bus
		6. Special Vehicle – Oversized Vehicle/Earthmover/Road Equipment			6. Charter Bus
		7. Bicycle			7. Other Bus
		8. Moped			8. Military
		9. Motorcycle			9. Police
		10. Emergency Vehicle (Regardless of Vehicle Type)			10. Ambulance
		11. Bus – School Bus			11. Fire Truck
		12. Bus – City Transit Bus/Private Owned Church Bus			12. Tow Truck
		13. Bus – Commercial Bus			13. Maintenance
		14. Other (Scooter, Go-cart, Hearse, Bookmobile, Golf Cart, etc.)			14. Unknown
		15. Special Vehicle – Farm Machinery			15. TNC
		16. Special Vehicle – ATV			
		17. Special Vehicle – Low-Speed Vehicle			
		18. Truck – Sport Utility Vehicle (SUV)			
		19. Truck – Single Unit Truck (3 Axles or More)			
		20. Truck – Truck Tractor (Bobtail-No Trailer)			
					EMV in service V7
					1. Yes
					2. No
					Truck Cover V8
					1. Yes
					2. No



Revised Report

Police Crash Report

CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY City of Town of Local Case Number 2017-10260040

CRASH INFORMATION

Location of First Harmful Event in Relation to Roadway C1	Traffic Control Type C5	Roadway Description C9	Intersection Type C12
<input checked="" type="checkbox"/> 1. On Roadway 2. Shoulder 3. Median 4. Roadside 5. Gore 6. Separator 7. In Parking Lane or Zone 8. Off Roadway, Location Unknown 9. Outside Right-of-Way	<input checked="" type="checkbox"/> 1. No Traffic Control 2. Officer or Flagger 3. Traffic Signal 4. Stop Sign 5. Slow or Warning Sign 6. Traffic Lanes Marked 7. No Passing Lines 8. Yield Sign 9. One Way Road or Street 10. Railroad Crossing With Markings and Signs 11. Railroad Crossing With Signals 12. Railroad Crossing With Gate and Signals 13. Other 14. Pedestrian Crosswalk 15. Reduced Speed - School Zone 16. Reduced Speed - Work Zone 17. Highway Safety Corridor	<input checked="" type="checkbox"/> 1. Two-Way, Not Divided 2. Two-Way, Divided, Unprotected Median 3. Two-Way, Divided, Positive Median Barrier 4. One-Way, Not Divided 5. Unknown	<input checked="" type="checkbox"/> 1. Not at Intersection 2. Two Approaches 3. Three Approaches 4. Four Approaches 5. Five-Point, or more 6. Roundabout
Weather Condition C2	Roadway Alignment C6	Roadway Defects C10	Work Zone C13
<input checked="" type="checkbox"/> 1. No Adverse Condition (Clear/Cloudy) 3. Fog 4. Mist 5. Rain 6. Snow 7. Sleet/Hail 8. Smoke/Dust 9. Other 10. Blowing Sand, Soil, Dirt, or Snow 11. Severe Crosswinds	<input checked="" type="checkbox"/> 1. Straight - Level 2. Curve - Level 3. Grade - Straight 4. Grade - Curve 5. Hillcrest - Straight 6. Hillcrest - Curve 7. Dip - Straight 8. Dip - Curve 9. Other 10. On/Off Ramp	<input checked="" type="checkbox"/> 1. No Defects 2. Holes, Ruts, Bumps 3. Soft or Low Shoulder 4. Under Repair 5. Loose Material 6. Restricted Width 7. Slick Pavement 8. Roadway Obstructed 9. Other 10. Edge Pavement Drop Off	<input checked="" type="checkbox"/> 1. Yes 2. No
Light Conditions C3	Roadway Surface Condition C7	Relation to Roadway Interchange Area: C11	Work Zone Workers Present C14
<input checked="" type="checkbox"/> 1. Dawn 2. Daylight 3. Dusk 4. Darkness - Road Lighted 5. Darkness - Road Not Lighted 6. Darkness - Unknown Road Lighting 7. Unknown	<input checked="" type="checkbox"/> 1. Dry 2. Wet 3. Snowy 4. Icy 5. Muddy 6. Oil/Other Fluids 7. Other 8. Natural Debris 9. Water (Standing, Moving) 10. Slush 11. Sand, Dirt, Gravel	1. Main-Line Roadway 2. Acceleration/Deceleration Lanes 3. Gore Area (Between Ramp and Highway Edgelines) 4. Collector/Distributor Road 5. On Entrance/Exit Ramp 6. Intersection at end of Ramp 7. Other location not listed above within an interchange area (median, shoulder and roadside)	1. With Law Enforcement 2. With No Law Enforcement 3. No Workers Present
Traffic Control Device C4	Roadway Surface Type C8	Intersection Area:	Work Zone Location C15
<input checked="" type="checkbox"/> 1. Yes - Working 2. Yes - Working and Obscured 3. Yes - Not Working 4. Yes - Not Working and Obscured 5. Yes - Missing 6. No Traffic Control Device Present	<input checked="" type="checkbox"/> 1. Concrete 2. Blacktop, Asphalt, Bituminous 3. Brick or Block 4. Slag, Gravel, Stone 5. Dirt 6. Other	8. Non-Intersection 9. Within Intersection 10. Intersection-Related - Within 150' 11. Intersection-Related - Outside 150'	1. Advance Warning Area 2. Transition Area 3. Activity Area 4. Termination Area
		Other Location:	Work Zone Type C16
		12. Crossover Related 13. Driveway, Alley-Access - Related 14. Railway Grade Crossing 15. Other Crossing (Crossings for Bikes, School, etc.)	1. Lane Closure 2. Lane Shift/Crossover 3. Work on Shoulder or Median 4. Intermittent or Moving Work 5. Other
		Intersection Area:	School Zone C17
		<input checked="" type="checkbox"/> 8. Non-Intersection 9. Within Intersection 10. Intersection-Related - Within 150' 11. Intersection-Related - Outside 150'	1. Yes 2. Yes - With School Activity 3. No
		Type of Collision C18	
		<input checked="" type="checkbox"/> 1. Rear End 2. Angle 3. Head On 4. Sideswipe - Same Direction 5. Sideswipe - Opposite Direction 6. Fixed Object in Road 7. Train 8. Non-Collision 9. Fixed Object - Off Road 10. Deer 11. Other Animal 12. Pedestrian 13. Bicyclist 14. Motorcyclist 15. Backed Into 16. Other	

Officer Initials KA Badge # 1613

Commonwealth of Virginia • Department of Motor Vehicles



FR300P (Rev 1/12)

Police Crash Report

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Revised Report

CRASH

Crash Date 10/26/2017 MILITARY Time (24 hr clock) 06:21 County of Crash ARLINGTON COUNTY

City of Town of

Local Case Number 2017-10260040

CRASH DIAGRAM

VEHICLE # 1

Fill In Impact Area(s).
Initial Impact. 11

11 ✓ 12 ✓ 1 ✓
10 ✓ 2 ✓
9 ✓ 13 3
8 4
7 5
6
E

Veh Dir of Travel—N/S/E/W

VEHICLE

Fill In Impact Area(s).
Initial Impact.

11 1
10 2
9 13 3
8 4
7 5
6

Veh Dir of Travel—N/S/E/W

VEHICLE # 2

Fill In Impact Area(s).
Initial Impact. 5

11 1
10 2
9 13 ✓ 3
8 ✓ 4
7 ✓ 5
6
E

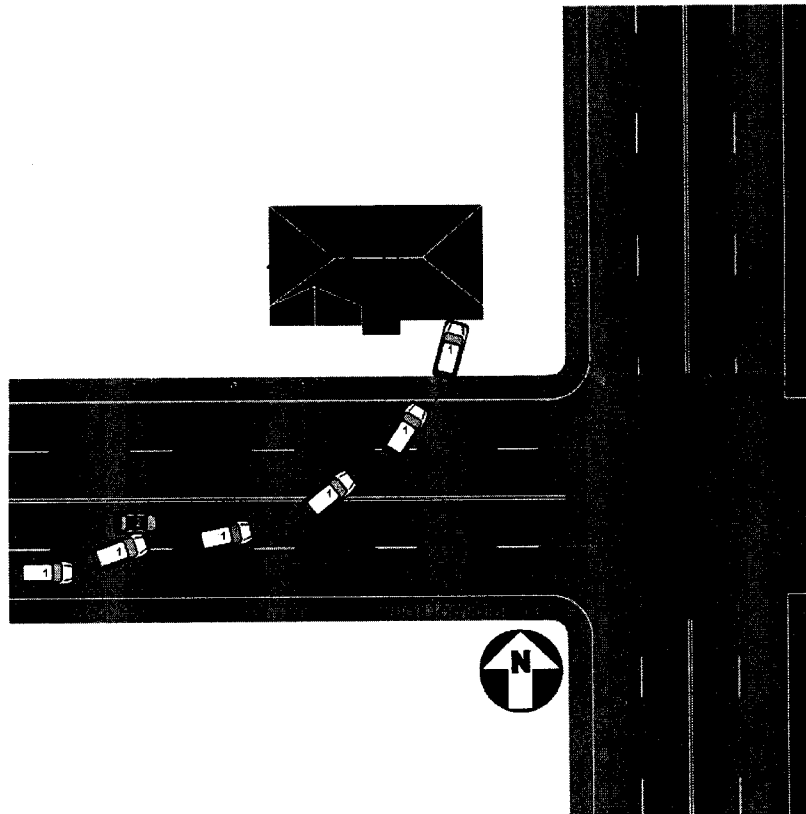
Veh Dir of Travel—N/S/E/W

VEHICLE

Fill In Impact Area(s).
Initial Impact.

11 1
10 2
9 13 3
8 4
7 5
6

Veh Dir of Travel—N/S/E/W



DAMAGE TO PROPERTY OTHER THAN VEHICLES

Approx. Repair Cost 1000 Object Struck (Tree, Fence, etc.) BUILDING Property Owners Name (Last, First, Middle) LANDLORD: ED 703-980-2000

Address (Street and Number) 4603 OLD DOMINION RD #B

VDOT Property ☒

CRASH DESCRIPTION

THE DRIVER OF VEHICLE 1 HAD JUST LEFT MCDONALDS ON HIS WAY TO WORK AND BEGAN EATING HIS BREAKFAST BURRITO. AFTER TAKING A BITE, THE DRIVER BEGAN TO COUGH, CHOKING ON HIS FOOD. HE STATED THAT AFTER TRYING TO COUGH A FEW TIMES, THE NEXT THING HE REALIZED HIS VEHICLE WAS AGAINST A BUILDING. WITNESSES STATED THAT VEHICLE 1 HAD BEEN TRAVELING EAST ON OLD DOMINION DR IN THE RIGHT LANE APPROACHING N WAKEFIELD ST. JUST PRIOR TO THE INTERSECTION, VEHICLE 1 BEGAN TO VEER INTO THE LEFT LANE, STRIKING VEHICLE 2 (WHO HAD ALSO BEEN TRAVELING EAST ON OLD DOMINION PRIOR TO N WAKEFIELD ST. VEHICLE 1 CONTINUED TO VEER TO THE LEFT, GOING OVER THE MEDIAN AND ENTERING THE ONCOMING LANE OF TRAFFIC. VEHICLE 1 THEN CAME TO A REST AFTER STRIKING 4603 OLD DOMINION DR APARTMENT B. MEDICS WERE ON SCENE AND CHECKED INJURIES, BUT NEITHER PARTY WAS TRANSFERRED FROM THE SCENE TO THE HOSPITAL. BOTH VEHICLES WERE TOWED DUE TO DAMAGE. RESIDENT OF THE APARTMENT WAS NOT HOME, BUT THE LANDLORD WAS NOTIFIED OF THE SITUATION, AND INFORMATION REGARDING THE CRASH WAS LEFT FOR HIM WITH ANOTHER TENANT

CRASH EVENTS

Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event
1	20	28	12		20	2	20				20
Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event	Vehicle #	First Event	Second Event	Third Event	Fourth Event	Most Harmful Event

First Harmful Event of Entire Crash that Results in First Injury or Damage.
20

COLLISION WITH FIXED OBJECT

1. Bank Or Ledge
2. Trees
3. Utility Pole
4. Fence Or Post
5. Guard Rail
6. Parked Vehicle
7. Tunnel, Bridge, Underpass, Culvert, etc.
8. Sign, Traffic Signal
9. Impact Cushioning Device
10. Other
11. Jersey Wall
12. Building/Structure
13. Curb
14. Ditch
15. Other Fixed Object
16. Other Traffic Barrier
17. Traffic Sign Support
18. Mailbox

COLLISION WITH PERSON, MOTOR VEHICLE OR NON-FIXED OBJECT

19. Pedestrian
20. Motor Vehicle In Transport
21. Train
22. Bicycle
23. Animal
24. Work Zone
25. Other Movable Object
26. Unknown Movable Object
27. Other

NON-COLLISION

28. Ran Off Road
29. Jack Knife
30. Overturn (Rollover)
31. Downhill Runaway
32. Cargo Loss or Shift
33. Explosion or Fire
34. Separation of Units
35. Cross Median
36. Cross Centerline
37. Equipment Failure (Tire, etc)
38. Immersion
39. Fell/Jumped From Vehicle
40. Thrown or Falling Object
41. Non-Collision Unknown
42. Other Non-Collision

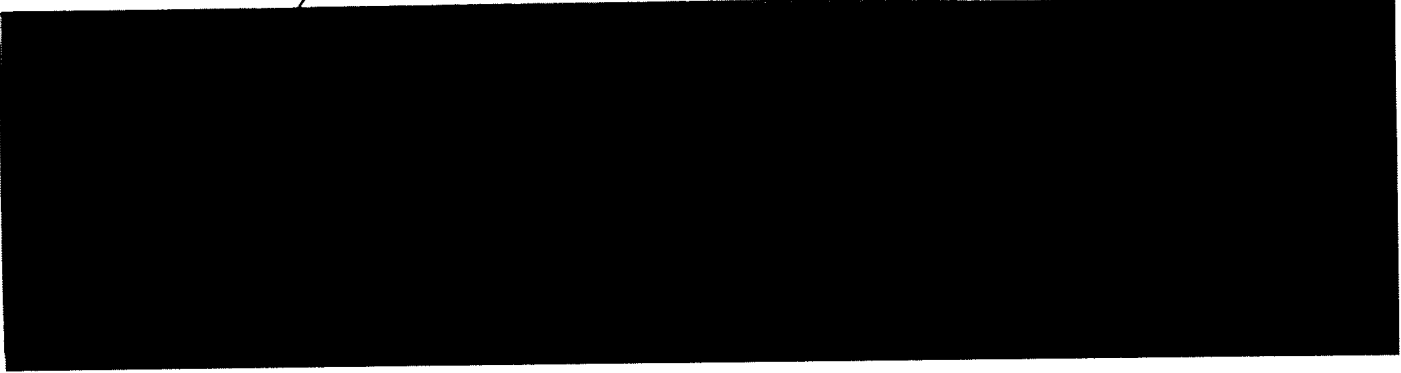


Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040



STATEMENT:

I was across the street when I heard a smash
and screeching of tires. Then I saw the white
jeep loose control and crash in to the house.

Con't On Page 2?

☐ YES ☒ NO



Date 10/26/17	Reporting Officer (Print) K. Ames	Officer Signature / Admin No. K. Ames 1613
------------------	--------------------------------------	---



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040

STATEMENT:

I was stopped at a light at Wakefield and Old Dominion. A white jeep was heading eastbound, Sincerely, crossed the midline and hit a building at 9603 Old Dominion Dr.

Cont On Page 27

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K. Amos

Officer Signature / Admin No.

K. Amos 1013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040

STATEMENT:

Traffic was at a stop at the red light of Wakefield St and Lee Highway. The white Jeep was driving in the right lane. Veered off into the left lane hitting the stopped BMW driving over top of the front hood. Crossed two lanes of oncoming traffic. Crashing sideways into the houses garage across the street.

Cont On Page 2?

☐ YES ☒ NO

Date

10/26/17

Reporting Officer (Print)

K Ames

Officer Signature / Admin No.

K Ames

1013

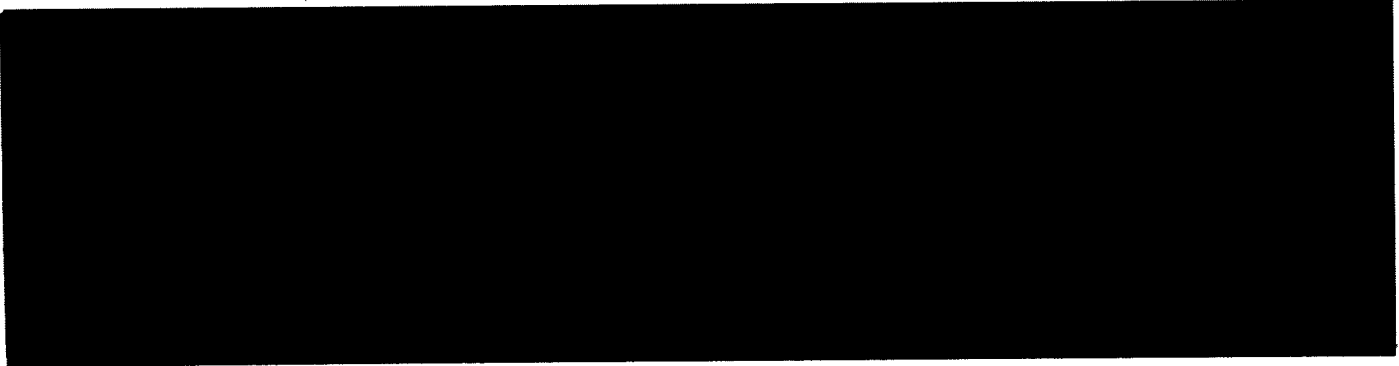


Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2017-10260040

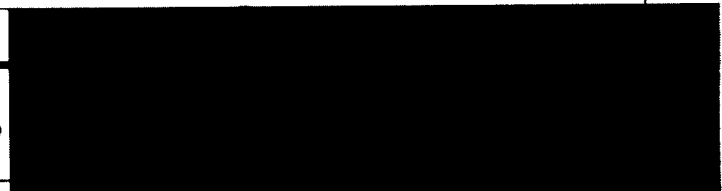


STATEMENT:

I was driving on the highway. I
chokeed on a parker at a burrito
and thought twice and then the
next thing I realized was that
my truck was sitting on the
side

Con't On Page 2?

☐ YES ☒ NO



Date

Reporting Officer (Print)

10/26/17 K. Ames

Officer Signature / Admin No.

K. Ames 11013



Arlington County Police Department
STATEMENT FORM

REPORT TYPE:

☐ CASE ☒ ACCIDENT ☐ OTHER: _____

Case #: 2013-10200046

STATEMENT:

I was traveling N. on Lee Hwy. He passed
into me on my way to work.

Con't On Page 2?

☐ YES ☒ NO

Date

10/26/12

Reporting Officer (Print)

E. Amei

Officer Signature / Admin No.

E. Amei 11013